

Provider Relations
P.O. Box 4936
Helena, MT 59604
406.442.1837 (Local)
1.800.624.3958 (In/Out of State)
406.442.4402 (Fax)



Address Correction Form

Physical address change requires a completed W-9.

Provider Number _____

Passport Number
(if applicable) _____

Address 1

☐ Physical Address

☐ Pay-To Address

☐ Correspondence

Address 2

☐ Physical Address

☐ Pay-To Address

☐ Correspondence

Phone Number _____

Fax Number _____

Authorized Signature _____ Date _____